Cuandro de Ayuda Economica de Atencion Medica de Beebe

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|  |  |  |  |  |  |  |  |  |  |  |
| Descuento beneficio |  |  | Ingreso por tamano de familia |  |  |  |
|  Porcentaje |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |  |
| Elegible para Medicaid | $16,971 | $22,929 | $28,888 | $34,846 | $40,804 | $46,763 | $52,721 | $58,680 |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 100.0% |  |     25,520 |     34,480  |     43,440  |     52,400  |     61,360  |     70,320  |     79,280  |     88,240 |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 50.0% |  |     38,280  |     51,720  |     65,160  |     78,600  |     92,040  |   105,480  |   118,920  |   132,360  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 40.0% |  |     51,040  |     68,960  |    86,880  |   104,800  |   122,720  |   140,640  |   158,560  |   176,480  |
|  |  |  |  |  |  |  |  |  |  |  |
| Por ejemplo: |  |  |  |  |  |  |  |  |  |
|  Una familia de 4 con un ingreso annual de hasta $52,400 puede cumplir con los requisites para un descuento beneficio del 100%. |  |